

<i>SERFF Tracking Number:</i>	<i>CNNA-125736777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CPRO-08-6016-AR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CPRO-08-6016-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CPRO-08-6016-AR

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations

Filing Type: Rate/Rule

SERFF Tr Num: CNNA-125736777 State: Arkansas

SERFF Status: Closed

Co Tr Num: CPRO-08-6016-AR

Co Status:

Author: Sharon Whitaker

Date Submitted: 07/17/2008

State Tr Num: EFT \$100

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts

Disposition Date: 09/02/2008

Disposition Status: Filed

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/02/2008

State Status Changed: 08/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

At this time, we wish to file rules and rates per the attached memorandum. This change results in a 0% net effect because we do not have any written premium for this coverage for Arkansas. I have attached the countrywide net effect exhibit which also displays the states in which we have premium. As you'll notice, Arkansas is not listed.

Final copies are attached for your review.

Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

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<i>Company Tracking Number:</i>	<i>CPRO-08-6016-AR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
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<i>Project Name/Number:</i>	<i>/</i>		

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by October 1, 2008, for the software to be mailed to our agents on November 1, 2008, for the effective date of January 1, 2009.

Your approval is respectfully requested for use on policies effective on or after January 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst
6200 S. Gilmore Road
Fairfield, OH 45014

sharon_grubbs@cinfin.com
(513) 870-2091 [Phone]

Filing Company Information

The Cincinnati Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014
(513) 870-2000 ext. [Phone]

CoCode: 10677
Group Code: 244
Group Name:
FEIN Number: 31-0542366

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$100.00	07/17/2008	21463409

SERFF Tracking Number:	CNNA-125736777	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	CPRO-08-6016-AR		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2000 Other Liability Sub-TOI Combinations
Product Name:	CPRO-08-6016-AR		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	09/02/2008	09/02/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	08/11/2008	08/11/2008	Sharon Whitaker	08/26/2008	08/26/2008
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>CNNA-125736777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CPRO-08-6016-AR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CPRO-08-6016-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 09/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
The Cincinnati Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

<i>SERFF Tracking Number:</i>	<i>CNNA-125736777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CPRO-08-6016-AR</i>		
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<i>Product Name:</i>	<i>CPRO-08-6016-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document <i>(revised)</i>	TRANSMITTALS	Filed	Yes
Supporting Document	TRANSMITTALS	Filed	Yes
Supporting Document	MEMORANDUM	Filed	Yes
Supporting Document	CTYWIDE INDICATIONS AND RATE LEVELS	Filed	Yes
Supporting Document	MANUAL PAGES	Filed	Yes

SERFF Tracking Number: CNNA-125736777 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CPRO-08-6016-AR
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6016-AR
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/11/2008

Submitted Date 08/11/2008

Respond By Date

Dear Sharon Grubbs,

This will acknowledge receipt of the captioned filing.

Please provide one minor clarification...your filing transmittal under section 2, indicates that this is a rate increase from previously filed rates, but the rate filing indicates a rate decrease. Please correct the transmittal or provide other explanation.

Thanks!

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/26/2008

Submitted Date 08/26/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Good Morning Edith,

Attached, please find the revised transmittal indicating a decrease in lieu of increase in rates. I apologize for this error.

Thank you,

Sharon Whitaker

<i>SERFF Tracking Number:</i>	<i>CNNA-125736777</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>CPRO-08-6016-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: TRANSMITTALS

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Sharon Whitaker

SERFF Tracking Number: CNNA-125736777
Filing Company: The Cincinnati Insurance Company
Company Tracking Number: CPRO-08-6016-AR
TOI: 17.2 Other Liability - Occurrence Only
Product Name: CPRO-08-6016-AR
Project Name/Number: /

State: Arkansas
State Tracking Number: EFT \$100
Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations

Rate Information

Rate data applies to filing.

Filing Method: FILE AND USE
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
The Cincinnati Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: CNNA-125736777 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CPRO-08-6016-AR
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations
Product Name: CPRO-08-6016-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: TRANSMITTALS	Review Status: Filed	09/02/2008
Comments:		
Attachments:		
F777AR_CPRO-07-6009-AR.pdf		
F779AR_CPRO-08-6007-AR.pdf		
Satisfied -Name: MEMORANDUM	Review Status: Filed	09/02/2008
Comments:		
Attachment:		
FSMEMOF1.pdf		
Satisfied -Name: CTYWIDE INDICATIONS AND RATE LEVELS	Review Status: Filed	09/02/2008
Comments:		
Attachment:		
Insurance Agents EO 2007.pdf		
Satisfied -Name: MANUAL PAGES	Review Status: Filed	09/02/2008
Comments:		
Attachment:		
AR PRO 01-09 D.pdf		

Property & Casualty Transmittal Document

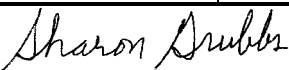
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CPRO-07-6016-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Analyst	513-870-2091	513-870-2097	Sharon_grubbs@cinfin.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Division Seven - Professional Liability
10. Sub-Type of Insurance (Sub-TOI)	Division Seven - Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	7/17/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CPRO-07-6016-AR
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21. Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22. Filing Fees	(Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT FILING
Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CPRO-08-6016-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Insurance Company	N/A	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing – Number of policyholders affected	0	

6.	Overall percentage of last rate revision	0
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
04	RULE 28. INSURANCE AGENT'S ERRORS AND OMISSIONS (PL-42)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

**ARKANSAS
PROFESSIONAL LIABILITY POLICY
RULES AND RATES MEMORANDUM**

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
PL-42 (1/09)	PL-42 (9/08)	Rule 28.D.2. Reduced the rate per \$1,000 on excess of \$2,500,000 from \$1.76 to .88.

Insurance Agents E&O (Code 25060)
Calendar Year 2007
Subline 398

Symbol	Number	State	Premium	Current				Proposed				Proposed	Change	Premium		
				First	Next	Next	Excess	First	Next	Next	Excess			First	Next	Next
				\$750,000	\$750,000	\$1,000,000	\$2,500,000	\$750,000	\$750,000	\$1,000,000	\$2,500,000			\$750,000	\$750,000	\$1,000,000
CPP	810110	Alabama	39,012	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	22,256	-43.0%	1,800	3,450	5,500
CPP	416969	Florida	31,025	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	17,519	-43.5%	1,313	2,513	4,013
CPP	429491	Florida	5,510	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	4,761	-13.6%	1,313	2,513	4,013
CPP	866453	Florida	75,787	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	39,900	-47.4%	1,313	2,513	4,013
CPP	891424	Florida	26,213	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	15,113	-42.3%	1,313	2,513	4,013
CPP	891602	Florida	74,260	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	39,136	-47.3%	1,313	2,513	4,013
CPP	911652	Florida	51,767	1.750	1.600	1.500	1.400	1.750	1.600	1.500	0.700	27,890	-46.1%	1,313	2,513	4,013
CAP	5844481	Georgia	13,750	2.150	1.970	1.840	1.720	2.150	1.970	1.840	0.900	9,545	-30.6%	1,613	3,090	4,930
CPP	657209	Georgia	40,069	2.150	1.970	1.840	1.720	2.150	1.970	1.840	0.900	23,317	-41.8%	1,613	3,090	4,930
CPP	873883	Georgia	46,602	2.150	1.970	1.840	1.720	2.150	1.970	1.840	0.900	26,735	-42.6%	1,613	3,090	4,930
CAP	5852620	Illinois	23,680	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	14,475	-38.9%	1,725	3,300	5,270
CPP	813962	Illinois	4,741	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	4,741	0.0%	1,725	3,300	5,270
CPP	870854	Illinois	15,177	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	10,224	-32.6%	1,725	3,300	5,270
CPP	870929	Illinois	6,206	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	5,738	-7.5%	1,725	3,300	5,270
CPP	871366	Illinois	242	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	242	0.0%	1,725	3,300	5,270
CAP	5850726	Indiana	16,818	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	11,159	-33.6%	1,800	3,450	5,500
CAP	5852987	Indiana	7,364	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	6,432	-12.7%	1,800	3,450	5,500
CAP	5861670	Indiana	3,860	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	3,860	0.0%	1,800	3,450	5,500
CAP	5861704	Indiana	45,938	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	25,719	-44.0%	1,800	3,450	5,500
CAP	5861892	Indiana	240,452	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	122,976	-48.9%	1,800	3,450	5,500
CAP	7718812	Indiana	11,790	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	8,645	-26.7%	1,800	3,450	5,500
CPP	444951	Indiana	5,519	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	5,510	-0.2%	1,800	3,450	5,500
CPP	450962	Indiana	8,572	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	7,036	-17.9%	1,800	3,450	5,500
CPP	650996	Indiana	4,760	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	4,760	0.0%	1,800	3,450	5,500
CPP	660559	Indiana	8,710	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	7,105	-18.4%	1,800	3,450	5,500
CPP	743279	Indiana	68,510	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	37,005	-46.0%	1,800	3,450	5,500
CPP	810888	Indiana	7,141	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	6,321	-11.5%	1,800	3,450	5,500
CPP	813015	Indiana	31,492	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	18,496	-41.3%	1,800	3,450	5,500
CPP	826881	Indiana	83,612	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	44,556	-46.7%	1,800	3,450	5,500
CPP	871810	Indiana	50,728	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	28,114	-44.6%	1,800	3,450	5,500
CPP	871962	Indiana	4,693	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	4,693	0.0%	1,800	3,450	5,500
CPP	880629	Indiana	14,042	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	9,771	-30.4%	1,800	3,450	5,500
CPP	889987	Indiana	63,460	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	34,480	-45.7%	1,800	3,450	5,500
CAP	5868726	Kansas	150	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	150	0.0%	1,800	3,450	5,500
CAP	5868765	Kansas	121	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	121	0.0%	1,800	3,450	5,500
CPP	731291	Kansas	125	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	125	0.0%	1,800	3,450	5,500
CPP	811897	Kentucky	48,037	2.350	2.150	2.010	1.880	2.350	2.150	2.010	0.940	26,711	-44.4%	1,763	3,375	5,385
CPP	874363	Kentucky	28,583	2.350	2.150	2.010	1.880	2.350	2.150	2.010	0.940	16,984	-40.6%	1,763	3,375	5,385
CAP	5888619	Maryland	45,973	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	25,622	-44.3%	1,725	3,300	5,270
CAP	5852396	Michigan	3,270	2.200	2.001	1.875	1.760	2.200	2.001	1.875	0.880	3,270	0.0%	1,650	3,151	5,026
CPP	899520	Michigan	16,071	2.200	2.001	1.875	1.760	2.200	2.001	1.875	0.880	10,548	-34.4%	1,650	3,151	5,026
CAP	5121634	Ohio	4,347	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,347	0.0%	1,425	2,730	4,350
CAP	5129006	Ohio	24,370	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	14,360	-41.1%	1,425	2,730	4,350
CAP	5146569	Ohio	1,175	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	1,175	0.0%	1,425	2,730	4,350
CAP	5325332	Ohio	8,628	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,489	-24.8%	1,425	2,730	4,350
CAP	5840003	Ohio	6,127	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,239	-14.5%	1,425	2,730	4,350
CAP	5840776	Ohio	9,585	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,968	-27.3%	1,425	2,730	4,350
CAP	5869100	Ohio	4,560	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,455	-2.3%	1,425	2,730	4,350
CAP	5882118	Ohio	4,153	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,153	0.0%	1,425	2,730	4,350
CAP	5885911	Ohio	12,385	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	8,368	-32.4%	1,425	2,730	4,350

Insurance Agents E&O (Code 25060)
Calendar Year 2007
Subline 398

Symbol	Number	State	Premium	Current				Proposed				Proposed	Change	Premium		
				First	Next	Next	Excess	First	Next	Next	Excess			First	Next	Next
				\$750,000	\$750,000	\$1,000,000	\$2,500,000	\$750,000	\$750,000	\$1,000,000	\$2,500,000			\$750,000	\$750,000	\$1,000,000
CAP	5890817	Ohio	4,913	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,632	-5.7%	1,425	2,730	4,350
CAP	7892185	Ohio	4,546	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,448	-2.2%	1,425	2,730	4,350
CPP	425000	Ohio	1,650	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	1,650	0.0%	1,425	2,730	4,350
CPP	426220	Ohio	6,188	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,269	-14.9%	1,425	2,730	4,350
CPP	439363	Ohio	7,882	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,116	-22.4%	1,425	2,730	4,350
CPP	448926	Ohio	5,829	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,090	-12.7%	1,425	2,730	4,350
CPP	451706	Ohio	7,816	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,083	-22.2%	1,425	2,730	4,350
CPP	466496	Ohio	9,881	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,116	-28.0%	1,425	2,730	4,350
CPP	634704	Ohio	2,598	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	2,598	0.0%	1,425	2,730	4,350
CPP	644005	Ohio	317	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	317	0.0%	1,425	2,730	4,350
CPP	651514	Ohio	10,905	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,628	-30.1%	1,425	2,730	4,350
CPP	652287	Ohio	8,150	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,250	-23.3%	1,425	2,730	4,350
CPP	652827	Ohio	13,323	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	8,837	-33.7%	1,425	2,730	4,350
CPP	652842	Ohio	17,981	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	11,166	-37.9%	1,425	2,730	4,350
CPP	656244	Ohio	10,870	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,610	-30.0%	1,425	2,730	4,350
CPP	657812	Ohio	7,760	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,055	-22.0%	1,425	2,730	4,350
CPP	664667	Ohio	10,645	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,498	-29.6%	1,425	2,730	4,350
CPP	668624	Ohio	6,325	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,338	-15.6%	1,425	2,730	4,350
CPP	744738	Ohio	19,679	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	12,015	-38.9%	1,425	2,730	4,350
CPP	810371	Ohio	9,199	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,775	-26.4%	1,425	2,730	4,350
CPP	817274	Ohio	5,273	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,812	-8.8%	1,425	2,730	4,350
CPP	818387	Ohio	5,942	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,146	-13.4%	1,425	2,730	4,350
CPP	818389	Ohio	7,415	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,883	-20.7%	1,425	2,730	4,350
CPP	818444	Ohio	9,632	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,991	-27.4%	1,425	2,730	4,350
CPP	818810	Ohio	25,353	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	14,852	-41.4%	1,425	2,730	4,350
CPP	818887	Ohio	13,336	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	8,843	-33.7%	1,425	2,730	4,350
CPP	818908	Ohio	10,004	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,177	-28.3%	1,425	2,730	4,350
CPP	821351	Ohio	5,310	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,830	-9.0%	1,425	2,730	4,350
CPP	823314	Ohio	76,510	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	40,430	-47.2%	1,425	2,730	4,350
CPP	824632	Ohio	6,137	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,244	-14.6%	1,425	2,730	4,350
CPP	825735	Ohio	3,725	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	3,725	0.0%	1,425	2,730	4,350
CPP	826535	Ohio	9,504	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,927	-27.1%	1,425	2,730	4,350
CPP	860640	Ohio	19,557	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	11,954	-38.9%	1,425	2,730	4,350
CPP	861924	Ohio	500	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	500	0.0%	1,425	2,730	4,350
CPP	865377	Ohio	4,869	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,610	-5.3%	1,425	2,730	4,350
CPP	873469	Ohio	24,221	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	14,286	-41.0%	1,425	2,730	4,350
CPP	876424	Ohio	41,915	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	23,133	-44.8%	1,425	2,730	4,350
CPP	876568	Ohio	4,822	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,586	-4.9%	1,425	2,730	4,350
CPP	876600	Ohio	4,990	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,670	-6.4%	1,425	2,730	4,350
CPP	876638	Ohio	11,121	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	7,736	-30.4%	1,425	2,730	4,350
CPP	876658	Ohio	6,640	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	5,495	-17.2%	1,425	2,730	4,350
CPP	878996	Ohio	27,338	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	15,844	-42.0%	1,425	2,730	4,350
CPP	881222	Ohio	12,620	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	8,485	-32.8%	1,425	2,730	4,350
CPP	881703	Ohio	13,832	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	9,091	-34.3%	1,425	2,730	4,350
CPP	882072	Ohio	5,446	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,898	-10.1%	1,425	2,730	4,350
CPP	882496	Ohio	73,924	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	39,137	-47.1%	1,425	2,730	4,350
CPP	890940	Ohio	5,173	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	4,762	-8.0%	1,425	2,730	4,350
CPP	891050	Ohio	8,133	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	6,242	-23.3%	1,425	2,730	4,350
CPP	892016	Ohio	47,144	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	25,747	-45.4%	1,425	2,730	4,350
CPP	895462	Ohio	1,315	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	1,315	0.0%	1,425	2,730	4,350

Insurance Agents E&O (Code 25060)
Calendar Year 2007
Subline 398

Symbol	Number	State	Premium	Current				Proposed				Proposed	Change	Premium		
				First	Next	Next	Excess	First	Next	Next	Excess			First	Next	Next
				\$750,000	\$750,000	\$1,000,000	\$2,500,000	\$750,000	\$750,000	\$1,000,000	\$2,500,000			\$750,000	\$750,000	\$1,000,000
CPP	896750	Ohio	3,327	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	3,327	0.0%	1,425	2,730	4,350
CPP	896841	Ohio	55	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	55	0.0%	1,425	2,730	4,350
CPP	917439	Ohio	14,057	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	9,204	-34.5%	1,425	2,730	4,350
CPP	919622	Ohio	1,800	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	1,800	0.0%	1,425	2,730	4,350
CPP	919902	Ohio	14,725	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	9,538	-35.2%	1,425	2,730	4,350
CPP	919928	Ohio	3,941	1.900	1.740	1.620	1.520	1.900	1.740	1.620	0.760	3,941	0.0%	1,425	2,730	4,350
COP	2314574	Pennsylvania	39,600	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	22,435	-43.3%	1,725	3,300	5,270
CPP	696169	Pennsylvania	5,000	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	5,000	0.0%	1,725	3,300	5,270
CPP	894518	Pennsylvania	1,650	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	1,650	0.0%	1,725	3,300	5,270
CPP	894519	Pennsylvania	1,500	2.300	2.100	1.970	1.840	2.300	2.100	1.970	0.920	1,500	0.0%	1,725	3,300	5,270
CPP	899588	South Carolina	130,067	2.200	2.010	1.880	1.760	2.200	2.010	1.880	0.880	67,552	-48.1%	1,650	3,158	5,038
CPP	414773	Tennessee	6,718	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	6,109	-9.1%	1,800	3,450	5,500
CPP	426932	Tennessee	500	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	500	0.0%	1,800	3,450	5,500
CPP	649423	Tennessee	500	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	500	0.0%	1,800	3,450	5,500
CPP	812578	Tennessee	1,014	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	1,014	0.0%	1,800	3,450	5,500
CAP	5127382	Virginia	5,389	2.100	1.920	1.800	1.680	2.100	1.920	1.800	0.840	5,102	-5.3%	1,575	3,015	4,815
CPP	834045	Virginia	26,181	2.100	1.920	1.800	1.680	2.100	1.920	1.800	0.840	15,498	-40.8%	1,575	3,015	4,815
CPP	892658	Virginia	11,686	2.100	1.920	1.800	1.680	2.100	1.920	1.800	0.840	8,251	-29.4%	1,575	3,015	4,815
CPP	895840	Virginia	4,065	2.100	1.920	1.800	1.680	2.100	1.920	1.800	0.840	4,065	0.0%	1,575	3,015	4,815
CAP	5865231	Wisconsin	11,798	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	8,649	-26.7%	1,800	3,450	5,500
CAP	7666122	Wisconsin	26,196	2.400	2.200	2.050	1.920	2.400	2.200	2.050	0.960	15,848	-39.5%	1,800	3,450	5,500
			2,317,089									1,408,680	-39.2%			

Countrywide	2,317,089
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1,408,680	-39.2%
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Alabama	39,012
Florida	264,562
Georgia	100,421
Illinois	50,046
Indiana	677,461
Kansas	396
Kentucky	76,620
Maryland	45,973
Michigan	19,341
Ohio	771,393
Pennsylvania	47,750
South Carolina	130,067
Tennessee	8,732
Virginia	47,321
Wisconsin	37,994

22,256	-43.0%
144,319	-45.5%
59,597	-40.7%
35,420	-29.2%
386,637	-42.9%
396	0.0%
43,695	-43.0%
25,622	-44.3%
13,818	-28.6%
513,248	-33.5%
30,585	-35.9%
67,552	-48.1%
8,123	-7.0%
32,916	-30.4%
24,497	-35.5%

THE CINCINNATI INSURANCE COMPANIES

DIVISION SEVEN COMMERCIAL LINES PROFESSIONAL LIABILITY MANUAL COVERAGE RULES

28. INSURANCE AGENTS ERRORS AND OMISSIONS (Subline Code 398)

A. Description of Coverage

This coverage form provides protection against liability claims arising from the furnishing or failure to furnish professional services as an insurance agent.

B. Forms

PA 115 - Insurance Agents Errors and Omissions Insurance Coverage Form

PA 533 - Insurance Agents Errors and Omissions Insurance Coverage Part Declarations

C. Application

MP-1010 - Insurance Agents' and Brokers' Errors and Omissions Policy Application

D. Rates / Premium Determination

1. Premium Basis

Rates and premium are based on the total annual premium volume for all lines of insurance, except Life, Accident and Health, which is based on Commission Income.

2. Rates - Class Code 25060

Rates for Basic Limits: \$100,000 Each Wrongful Act Limit
 \$300,000 Aggregate Limit

For increased limits, refer to Rule 52.

\$2.20 per \$1,000 on first \$750,000 of annual premium volume / commission income

\$2.01 per \$1,000 on next \$750,000

\$1.88 per \$1,000 on next \$1,000,000

\$0.88 per \$1,000 on excess of \$2,500,000

3. Adjustment Factors

The following adjustment factors may be multiplied by the basic rates:

a. Personal Lines premium volume represents 50% - 60% of the total premium volume: .95

b. Personal Lines premium volume represents over 60% of the total premium volume: .90

4. Additional Charge of \$50.00 at basic limits for each licensed CSR, solicitor or broker.

5. Minimum annual premium is \$500 multiplied by the applicable increased limits factor and except for expense modification, is not subject to any further modification or rate plan.

<i>SERFF Tracking Number:</i>	<i>CNNA-125736777</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>CPRO-08-6016-AR</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CPRO-08-6016-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	TRANSMITTALS	07/16/2008	F779AR_CPRO-08-6007-AR.pdf F777AR_CPRO-07-6009-AR.pdf

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CPRO-08-6016-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☒ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
----	--	-----------------------

4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Cincinnati Insurance Company	N/A	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing – Number of policyholders affected	0	

6.	Overall percentage of last rate revision	0
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
04	RULE 28. INSURANCE AGENT'S ERRORS AND OMISSIONS (PL-42)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
06		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

Property & Casualty Transmittal Document

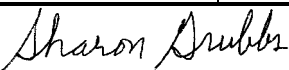
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CPRO-07-6016-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Analyst	513-870-2091	513-870-2097	Sharon_grubbs@cinfin.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sharon Grubbs		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Division Seven - Professional Liability
10. Sub-Type of Insurance (Sub-TOI)	Division Seven - Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	7/17/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CPRO-07-6016-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT FILING

Amount: \$100.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**